

**Whole Body Healing: Integrative Therapeutic Approaches to Healing after Human Sex
Trafficking**

by

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Abstract

Human sex trafficking is a global issue with devastating biopsychosocial impacts on survivors. This capstone explores integrative, trauma-informed therapeutic approaches for supporting individuals who have experienced sex trafficking. This paper reviews current literature on the psychological, physiological, and relational consequences of sex trafficking. Theoretical frameworks such as somatic psychotherapy, polyvagal theory, and relational-cultural theory are examined for their relevance in addressing the complex trauma associated with sex trafficking. Emphasis is placed on culturally responsive, feminist, and intersectional perspectives to better support the diverse identities of survivors. The capstone concludes with a proposed adaptable treatment plan for clinicians, which integrates bottom-up and top-down approaches, including somatic grounding, sex therapy, expressive arts, and relational healing. The goal of therapy is to promote posttraumatic growth, reconnection with the body, and the reclamation of sexuality and identity through holistic care.

Keywords: integrative approaches, posttraumatic growth, relational trauma, sex trafficking, trauma bond

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Chapter 1: Introduction

Are we doing a disservice to survivors of human sex trafficking by failing to adopt integrative approaches that incorporate both top-down and bottom-up methods in counseling? Human trafficking is a pervasive global issue that exploits individuals for profit and power (United Nations Office on Drugs and Crime, 2024). According to a U.N. report on 155 countries, it was estimated that 79% of human trafficking involves sexual exploitation. Due to the hidden nature of this crime, obtaining accurate statistics is challenging; however, it is estimated that 24.9 million people worldwide are victims of sex or labor trafficking (Hopper et al., 2018). Sex trafficking can be defined as the recruitment, harboring or concealment, transportation, supply, or acquisition of a person for exploitation through commercial sex trade (Krushas & Kulig, 2023). This crime has devastating long-term consequences for survivors, affecting their physical, mental, and social well-being. As clinicians are likely to encounter clients who have experienced such trauma, this capstone aims to offer clinicians a deeper understanding of the complexities involved, along with therapeutic recommendations for effectively working with this population.

This chapter will outline the history and background of sex trafficking, the purpose of the paper, the theoretical orientations informing the paper, current gaps in the literature, and my own positionality. The second chapter will review the literature on how sex trafficking impacts victims, the recommended theoretical orientations, and the role that sex therapy and posttraumatic growth can play in healing from this type of trauma. Finally, chapter three will propose a customizable treatment plan, highlight implications for working with this population, and discuss the limitations of this capstone. In summary, this paper will explore the importance of using integrative approaches in counselling to offer holistic care to survivors of sex trafficking. This capstone will also hypothesize the necessity of using these approaches, as

research often demonstrates the inadequacies of solely relying on talk therapies when treating complex trauma (Emanuel, 2021).

Background History and Issues

Human trafficking is a continually expanding worldwide health and human rights issue that is thought to impact approximately two million individuals annually (Rajaram & Tidball, 2018). It is a multibillion-dollar crime industry that affects all genders, races, ethnicities, and sexual orientations. Any individual involved in the commercial sex trade who is under the age of 18 is considered a victim of sex trafficking. The most common methods of involving a person in sex trafficking are using force, fraud, threat, or coercion (Ramaj, 2021). Survivors are often misled into believing they will have more agency in these situations than they do. Survivors endure multiple forms of abuse such as intimate partner violence, sexual violence, confinement, emotional abuse and more. Women and girls are primarily victims of this crime, which is why it is considered a form of gender-based violence (Rajaram & Tidball, 2018). Being female significantly increases an individual's risk of being trafficked, highlighting the gendered nature of this crime and positioning it as a critical feminist issue. While the majority of victims are women and girls, a significant proportion—as high as 40%—are believed to be male (Cole, 2018). Male victims are often overlooked due to societal beliefs that portray men as being less vulnerable to sexual exploitation. Additionally, male victims are less likely to report these crimes because of shame or the fear of being perceived as weak due to social expectations surrounding masculinity. Trafficking exists in various contexts such as rural, urban, or suburban settings (Rajaram & Tidball, 2018).

Human sex trafficking and labor trafficking are also human rights and public health issues for children and minors (Sidun & Dryjanska, 2024). According to the United Nations

Office on Drugs and Crime (2024), approximately 20% of all trafficking victims are children, but in some parts of West Africa, that number climbs to 100% of victims. The two primary forms of child sex trafficking are the creation and distribution of child pornography and prostitution (Sidun & Dryjanska, 2024). Family members and caregivers are frequently the primary perpetrators of this form of exploitation, with mothers comprising a significant proportion. This exploitation occurs in various ways, including involvement in the commercial sex trade, either for financial gain or in exchange for substances such as drugs. Additionally, some parents exploit their children by selling them or compelling them to engage in underage labor to contribute to the family's financial needs.

This crime is underreported and often goes unnoticed due to the assumption that a parent would never inflict this type of trauma on their own children (Sidun & Dryjanska, 2024). Sex trafficking is often a generational cycle of abuse, with many survivors having mothers who were victims themselves. According to Sidun and Dryjanska (2024), the *Bedia* Caste of women in India, a previously nomadic group, has often relied on female prostitution for their income. These situations frequently stem from extreme financial hardship or are influenced by spiritual or cultural beliefs. The ancient Hindu tradition of *devadasi*, still practiced in parts of India, involves dedicating young girls to temples as mistresses for priests. Families often believe that offering their daughters in this way will bring blessings. In other cases, women and girls facing unintended pregnancies may be exploited through offers of money, in exchange for their babies, taking advantage of their desperation. Additionally, trafficked women are sometimes forcibly impregnated by their traffickers. In certain cultural and familial contexts, such forms of abuse have been normalized, making them even more difficult to identify and disrupt. Sidun and Dryjanska state that the sex trade is sometimes viewed as a "family business," passed down

through generations. This underscores the importance of raising awareness about the realities of trafficking, so that frontline workers can better recognize the signs and intervene early to prevent or disrupt these cycles of abuse. Traumas experienced at an early age can cause significant developmental harm, sometimes leading to severe long-term consequences (Emmanuel, 2021). However, with holistic and trauma-informed care, healing and recovery are possible.

Frontline workers often lack awareness and training in caring for individuals who have experienced sex trafficking, which perpetuates stigmatization against victims, and in many cases, leads to revictimization (Cole, 2018; Rajaram & Tidball, 2018; Ramaj, 2021). Although this paper is directed towards mental health clinicians, they must be aware of the responses survivors receive at multiple levels, including from frontline workers, service providers, law enforcement, and the judicial system. Clinicians may be expected to advocate for clients and help facilitate training for frontline workers on trauma-informed care for survivors. It is also important to dispel myths about sex trafficking and to differentiate this type of exploitation from voluntary commercial sex work. Trauma bonds are often misunderstood by the public, as a survivor may refer to their perpetrator as their boyfriend or their partner; this, however, is a part of the trafficker's emotional manipulation tactics (Casassa et al., 2024). Survivors may also be hesitant to disclose who their perpetrators are due to this type of emotional manipulation and the potential threats this may bring to their own safety or the safety of loved ones. This unwillingness to report or provide information about their abusers can lead to further legal complications, including the potential for delayed justice, misidentification, or lack of protection through formal systems. In addition to this, it has led victims to become further victimized by judicial systems where they may be charged for withholding information, making reintegration into society much more difficult. Lack of support in these situations can easily lead one back into abusive circumstances;

therefore, it is imperative that clinicians know the depth and complexity of trauma these clients face in order to understand the potential severity of its impact and to provide viable supports. This knowledge and awareness can help clinicians improve their services and understand why a client may respond in a way that appears unpredictable or resistant. Sex trafficking is a somatic trauma, as well as a familial and relational trauma. Trust takes time to build, and options for long-term care are often limited.

Purpose of the Paper

The purpose of this capstone is to review current research on the topic of sex trafficking to create an integrative treatment plan for clinicians. The goal is to help improve therapeutic treatment for survivors and diversify from solely utilizing talk-based therapies. The overarching goals are to provide clinicians with knowledge on the biopsychosocial factors that impact survivors of sex trafficking and to better understand how to approach this type of complex trauma. The hope is that a review of the literature on this topic will identify clinically recommended interventions that can help clients to heal their trauma wounds. Additionally, research can provide evidence on the most effective therapeutic modalities, thereby improving the quality of treatment and ensuring adherence to current standards of practice.

The focus of this paper is to examine what research has shown in utilizing both top-down and bottom-up approaches in counselling survivors of this type of trauma. There is a general lack of research in body-based interventions, despite knowing how trauma affects the body and the nervous system. This capstone aims to move beyond a solely problem-focused point of view by reviewing effective empowerment interventions implemented after trafficking experiences. In addition, this paper seeks to determine the role of sex therapy in rehabilitation and healing from this type of complex sexual trauma. Finally, this paper adopts a feminist, intersectional, trauma-

informed, and culturally sensitive lens to examine how overlapping forms of discrimination intersect and can create unique challenges for individuals.

Theoretical Orientations

The theories I will be exploring in chapter two are somatic psychotherapies and polyvagal theories of safety. Specifically, I will be utilizing these theories to describe how trauma is hypothesized to present in the mind and body. Somatic psychotherapies are a body-centered therapeutic approach to healing from trauma that focuses on the connection between the mind and body (Fisher, 2019; Levine et al., 2018), incorporating awareness of body sensations, movement, breathwork, and grounding. The idea behind this theory is that trauma fragments the mind and body connection, causing people to feel dissociation and/or a chronic overactivation of the nervous system. Traditional talk therapies can be limiting because they rely solely on verbal processing, and because the body may react to trauma in involuntary ways, talk therapies may not be enough to address what is happening in the body. The body's goal is to keep the person safe, but after a traumatic event, the body can become stuck in a state of chronic stress and dysregulation. Somatic therapy aims to help the client access and release this tension and trauma in the body.

This capstone also highlights polyvagal theory, advanced by Porges (2022), as it delves further into the science of safety in the body with a neurobiological lens. Polyvagal theory highlights the role of the vagus nerve, a vital nerve that connects the brain to the body. The vagus nerve is responsible for regulating the body's physiological states, such as ventral vagal, dorsal vagal, and sympathetic nervous system. The ventral vagal system is responsible for feelings of safety, groundedness, and connection to others. In this state, we feel safe to connect to others, and one might feel more present or engaged. The dorsal vagal system activates when the body is

completely overwhelmed or if danger feels inescapable and prompts a shutdown response. The sympathetic nervous system is activated when there is a perceived threat, and the body prepares to respond with a fight or flight survival response. The overall theoretical orientation of this capstone is integrative, incorporating both top-down and bottom-up approaches; however, body-based interventions are highlighted due to the somatic nature of recovery from sexualized violence.

Positionality Statement

It is important for me to address and acknowledge my social location and lived experiences, reflecting on how that has shaped my worldview and assumptions. What brought me to this capstone topic was my experience working at a sexual assault center, as a victim services caseworker, and witnessing the devastating impact experiencing sex trafficking has on an individual. This experience prompted a desire to deepen my understanding of how to more effectively support survivors. As someone who has not personally experienced this form of trauma, I acknowledge that I cannot fully comprehend the depth of suffering that survivors endure. My passion developed from my desire to learn how to help individuals heal from these atrocities and offer hope to the hopeless.

As a White, mixed-race individual raised in the Caribbean with a Westernized lens, it is critical that I remain aware of how my privileges and power within the clinical setting may influence the therapeutic relationship and impact my work with clients. Also, it is crucial that I do not impose my own biases and assumptions about life onto clients, whether they come from collectivist or individualist cultures. This issue exists on a global scale and is not exclusive to any one country, but there are countries and regions where the risk of human sex trafficking is higher, such as in Romania, Albania, parts of Africa, and parts of India. This crime also presents

differently depending on the cultural values of the country, and it is important to balance respect for a client's culture with the responsibility to promote their protection from harm.

As someone who identifies as cisgender, middle class, and heterosexual, it is imperative that I practice inclusive and gender-affirming care with clients. This crime thrives in patriarchal societies that empower heterosexual white men over women, gender diverse individuals, and racially and sexually marginalized groups. This is why adopting a feminist, intersectional lens is vital in practice to be aware of the impact of rape culture and the ways in which victims are often revictimized as a result. My identities have afforded me privileges in a cisnormative and heteronormative society, but I have also experienced the disempowerment and discrimination that women often face in a patriarchal culture. Despite this, my identities are a part of my own unique experience, and it is important that I do not make assumptions about others' experiences. As a mixed-race person who is White-presenting, I have a complex relationship with my identity; I belong to both Black and Jamaican cultures, but I also feel separated from this experience. This affords me the power of understanding what a biracial or multiracial individual may undergo with identity confusion, but it is also important that I do not assume how they may feel about their own identities. In addition, due to my identities, there are situations where countertransference may arise, and it is my responsibility as a clinician to seek out supervision when this happens.

Definition of Terms

Human Sex Trafficking: Sex trafficking is a power-based crime that involves the force, fraud, or coercion of individuals into commercial sex trade, for the profit of traffickers. Children or those who are under the age of 18 and in commercial sex trade are considered to be trafficking victims. (Krushas & Kulig, 2023).

Intersectionality: Refers to a framework for understanding how different aspects of a person's identity (i.e., race, gender, class, sexuality, disability, immigration status, etc.) interact and overlap in relation to different forms of discrimination and privilege (Crenshaw, 2006).

Polyvagal Theory: A neurobiological theory on the science of safety in the body developed by Stephen W. Porges (2022). Polyvagal theory highlights how the body intuitively looks for threats in its environment through a process called *neuroception*. Additionally, it describes the role of the vagus nerve as regulating the body's physiological states.

Relational Trauma: Refers to the type of psychological and emotional trauma that happens in relationships, typically within relationships to caregivers, intimate partners, or others. This type of wounding is cumulative and happens over multiple traumatic events. (Hershberger, 2020).

Somatic Psychotherapy: A modality of therapy that uses mind-body techniques and a bottom-up approach to help release feelings and emotions that may feel stuck in one's body. Exercises from this modality focus on regulating the autonomic nervous system during periods of activation (Levine et al., 2018).

Trauma Bond: Trauma bonding is an attachment formed in abusive relationships where there is a power imbalance. Perpetrators manipulate victims by presenting a distorted version of love, creating a bond that feels intense and inescapable (Casassa et al., 2023).

Trauma-Informed Care: Refers to the care provided by professionals and clinicians that is evidence-based and knowledgeable on the impacts of trauma and includes skills to avoid retraumatization. In trauma-informed care, it is important not to pressure clients to share details of their stories that may cause them to feel uncomfortable or to unwillingly relive their traumatic memories (Litam & Neal, 2022).

Wraparound Services: Refers to the need for services for survivors to be holistic and long-term, including housing, legal assistance, medical care, educational support, and mental health services (Bryant-Davis & Gobin, 2019).

Chapter Summary

This chapter covered the background of human sex trafficking, the purpose of this capstone, and the theoretical orientations that will be included throughout. Chapter two will review the literature on the impacts of sex trafficking, suggested interventions, and empowerment strategies. Finally, chapter three will conclude with a proposed treatment plan template, implications for service providers, and limitations of this capstone.

Chapter 2: Literature Review

Introduction

This literature review will explore approaches and clinical recommendations for helping individuals heal from human sex trafficking and sexual trauma. This will include the biopsychosocial impacts that human trafficking has on individuals, as well as a discussion on risk factors and barriers to accessing resources. The second section is an explanation of the rationale for focusing on body-based interventions and why it should be integrated with other talk-based theoretical orientations in treatment. Subsequently, it reviews suggested evidence-based interventions according to recent studies. Finally, the third section will focus on the theme of empowerment and the reclamation of one's sexual identity post trafficking.

The Impacts of Human Sex Trafficking

When working with this population, clinicians must understand the effects that human sex trafficking may have on individuals. This section will provide an overview of some of the physiological, psychological, and social effects of sex trafficking on survivors. Throughout the research, there are general themes that are consistent across countries, but there are also variations dependent upon age, gender, and sexuality. Consistent themes in sex trafficking include attachment wounds, distrust of others, posttraumatic symptoms, complex trauma, suicidal ideation, chronic illness, and poverty (Krushas & Kulig, 2023). However, the diversity of these symptoms makes it difficult to identify individuals who are victims of this crime.

Physical Impacts

Individuals who have experienced human sex trafficking may report physical violence such as punching, kicking and/or burning at the hands of perpetrators, which can have lasting impacts on their physical health (Krushas & Kulig, 2023). Krushas and Kulig (2023) found that

survivors may also be forced to use drugs, which can both affect memory and cause dependence. Physical symptoms that have been reported include headaches, dizziness, fatigue, back pain, broken bones, sprains, head and brain injuries, memory issues, gastrointestinal issues, weight loss, and stab wounds or other violent instrument wounds. Female victims may also experience gynecological problems as a result, including impaired sexual and reproductive health. Additionally, they may experience persistent pelvic pain, infections, and/or unwanted pregnancies. In all victims, it is common to contract multiple sexually transmitted infections, leading researchers to declare this as one of the warning signs of sex trafficking (Litam & Neal, 2022). Individuals who have experienced sexual abuse also report having many somatic symptoms such as disturbances in sleep, muscle spasms, migraines, hypersensitivity to touch, cystitis, pain in different areas of the body, contractions in pelvic area, pain during sexual intercourse, grinding teeth, and ringing ears (Malanca, 2023).

Psychological Impacts

Victims of human sex trafficking may experience a myriad of mental health struggles as a result, often including a negative self-concept. In addition to the physiological consequences of repeated sexual assaults, Krushas and Kulig (2023) also found that there is often exposure to emotional abuse and manipulation from perpetrators. Survivors may endure verbal assaults such as name-calling, emotional manipulation, coercion, threats to loved ones, and witness violence inflicted upon others. Victims are often secluded from families, or their families are their perpetrators, which adds another layer of betrayal and vulnerability. Mental health conditions often reported were depression, anxiety, post-traumatic stress disorder (PTSD), complex PTSD, borderline personality disorder (BPD), and substance use disorders. Survivors may additionally experience feelings of sadness, guilt, fear, shame, anger, numbness, nightmares, hypervigilance,

difficulties sleeping, and/or suicidal thoughts. Other symptoms include distrust of others, isolation, feelings of hopelessness, dissociation, self-harm, substance misuse, and disordered eating (Litam & Neal, 2022).

When a victim presents with PTSD symptoms, frontline workers may assume that these symptoms are solely a result of the experience of being trafficked. However, many victims report having histories of child abuse such as physical, sexual and/or emotional abuse, as well as experiences of homelessness and neglect (Litam & Neal, 2022). Many victims have experienced intimate partner violence, and when the trafficker is also an intimate partner, it introduces an additional layer of trauma that can further complicate the survivor's emotional and psychological recovery. Rates of suicidal ideation in victims were found to be as high as 75%, with 84% of those individuals also reporting at least one suicide attempt (Hershberger, 2020). These statistics highlight the profound psychological impact that trafficking has on victims and underscore the importance of service providers being trained in trauma-informed care to avoid causing further harm or perpetuating stigma.

Ramaj (2021) conducted research with Albanian survivors and found that there was a reluctance by survivors to accept a victim status and recognize their exploitation. One interpretation of why the victim status is rejected is hypothesized to be human avoidance of unpleasant thoughts or feelings, but it is deeper than this. Individuals who have experienced trafficking may have developed automatic denial and defense mechanisms in response to past threats, violence, and manipulation by perpetrators. This history of violence may cause a fear of retaliation from their abusers and contribute to our skewed statistics on the number of people who have been victims of this crime. Additionally, denial may serve as an act of self-

preservation for victims who feel shame or guilt about having been exploited, whether voluntarily or not.

Ramaj (2021) additionally found that refusing a victim label can feel empowering for individuals, as it may give them a sense of control over their narrative and identity. Survivors often feel unsafe to share their victim status due to the fear of judgment from others, but withholding this information can have negative psychological effects on individuals and isolate them further from others. According to Ramaj, some survivors who refuse to disclose information have been charged by the judicial system for withholding it, resulting in jail time that further victimizes them and complicates their rehabilitation. Ramaj's study also highlighted the importance of creating safe, nonjudgmental spaces where survivors feel empowered to share their experiences without fear. Furthermore, this study emphasized the need to train clinicians and service providers to recognize the signs of trauma, even when survivors were unable or unwilling to identify and acknowledge their exploitation. It is imperative that service providers respect how survivors choose to identify, as a survivor, victim or otherwise, and foster a safe, supportive environment.

Interviews from Ramaj (2021) also highlighted how little self-worth many survivors have; one participant stated that "these things happen to me because I am incapable, I am nothing, I deserve to suffer" (p. 416). This is consistent with the finding that survivors have not only experienced the trauma of sex trafficking, but also multiple other traumas throughout their lives that have led them to believe that they have diminished worth as human beings. These beliefs become internalized from childhood and carry on into adulthood, which leaves them vulnerable to revictimization and exploitation. This study demonstrated the importance of

clinicians helping survivors build their own self-worth by challenging negative self-beliefs, validating their experiences, and highlighting their strengths.

Trauma Bonding. Ramaj (2021) also found that in many cases, individuals who have experienced sex trafficking may become protective of their abuser due to emotional manipulation that is often involved. The dynamic between victims and perpetrators is complex, as trafficking does not always involve physical force. It may also include emotional manipulation, or manipulation through fraud or coercion (Litam & Neal, 2022). Survivors may have been tricked into sex trafficking by the promise of a better life, financial wellness, and/or that they would maintain their power within the situation, which ends up not being the case. In many circumstances, studies have found that perpetrators use emotional manipulation tactics such as trauma bonding with victims (Casassa et al., 2023). Trauma bonding is an attachment formed in abusive relationships where there is a power imbalance. Perpetrators accomplish this and manipulate victims by presenting a distorted version of love and by creating a bond that feels intense and inescapable. Additionally, the person being trafficked is often isolated from others or in confinement, leading to a dependent relationship with the abuser. When the abuser shows any kindness, victims may feel gratitude and/or the development of loyalty. Casassa et al. (2023) wrote that within this dynamic, victims reported experiencing a combination of intermittent rewards and punishments within the relationship. Due to their loyalty and even sense of love for their perpetrators, they are less likely to disclose information in an effort to protect them. Findings from this study reveal that these bonds are universal in the sense that anyone can fall victim to this dynamic, regardless of a history of abuse. Individuals with histories of abuse are less likely to recognize unhealthy patterns in relationships, having had no prior example from

family of origin. Interestingly, this phenomenon is gendered, as women are typically more susceptible to this type of abuse as opposed to men.

Casassa et al. (2024) conducted research on 19 participants and found that they experienced healing of trauma bonds through building trusting relationships, improving their relationships with themselves, and receiving education about trauma bonding. Their research found that trauma bonding inhibits survivors from healing because neither their victim status nor the depths of trauma are acknowledged. This study also highlighted the importance of building trust with survivors, as well as validating and normalizing their experiences. Providing psychoeducation on trauma bonding and its dynamics can help survivors better understand the abusive nature of the relationship. One notable limitation of the study is the lack of diversity within the sample, as all participants identified as female, and the majority were White. To enhance the generalizability of future findings, subsequent research should strive to include a larger, more ethnically diverse sample, incorporating participants of varying gender identities, including male and transgender individuals.

Gender Variables. Although a majority of trafficked individuals are female, there is a significant number of male victims who are often overlooked in discussions (The Centre, 2020). Statistics on this topic are under-researched and difficult to acquire due to the hidden nature of this crime and stigma for trafficked boys and men. A 2008 U.S. report highlighted the commercial sexual exploitation of children (CSEC) by interviewing 249 youth, approximately 45% of which were male victims (Curtis et al., 2008). Another study demonstrated that in crimes of child pornography in the U.S., 38% of victims were male (Finkelhor & Ormrod, 2004). More research needs to be conducted worldwide to demonstrate accurate statistics on this population;

however, this study highlights the significant number of males who experience sexual exploitation.

Cole (2018) conducted research with 323 professionals who worked with at-risk youth, crime victims, and/or offenders, and found that familial sex trafficking was a common pathway for all youth victims; however, boys were more difficult to identify. This is partly because most identified survivors are female, leading to male survivors often being overlooked or dismissed by law enforcement and service providers. Male victims were more likely to be runaway youth involved in commercial sex for survival. Additionally, male victims were also found to be less likely than females to acknowledge their involvement in commercial sex, often describing it instead as “hanging out with older men to get things” (p. 424). Cole’s study concluded that boys often feared disclosing their exploitation due to social stigma and the fear of being perceived as gay, which can further silence male survivors and hinder their access to support. Because of these discoveries, this study highlighted the importance of increasing training and awareness of service providers on how to identify and care for male victims. The current lack of support and awareness from support service providers further perpetuates feelings of shame and stigma that boys experience. Support services for women are limited, and in many communities, these services for men are nonexistent. Reichert and Sylwestrzak (2013) additionally found that of 33 housing programs for survivors, only two accepted males. This demonstrated the massive gap in support services for males and for transgender individuals.

Cole’s (2018) study also found that both females and males were mostly U.S. citizens and were exploited in the state they resided in; 62.3% of males and 55.1% of females were trafficked in non-metropolitan areas. Therefore, the majority of the exploitation of minors did not take place in large cities as one might assume. Cole’s study also found that 84% of male victims and

73.9% of female victims experienced exploitation through prostitution, and in both cases, exploitation was most likely to occur by family members. None of the boys were found to be exploited by an intimate partner, whereas 30.8% of females were. Aside from familial exploitation, another pathway to exploitation in boys was found to be through the support of substance use dependence. Tactics used amongst perpetrators to maintain control over male victims included force, coercion, fraud, emotional manipulation, drug dependence, and threats. For example, respondents reported cases where family members threatened to kick boys out of their homes if they did not comply with their demands. Other cases included parents who were sexually abusing their male children and grooming them to have sex with others. Furthermore, Cole found cases where parents trafficked their male children to support their own drug dependence. When family members were identified as perpetrators, a strong bond between the victim and abuser was often present, similar to cases involving female victims.

In addition to the common psychological effects of trafficking reported by female victims, male victims often expressed heightened fear of being labeled as queer, due to social stigma surrounding same-sex relations and the risk of bullying (Cole, 2018). In this study, Cole does not explain why males were less likely to share or identify with the victim status, but one may assume that it could be due to societal messaging of masculinity and what is acceptable. McBride (2021) highlighted instances of social messaging that suggested to boys that they must be straight, not engage in queer sex, not show emotions, and not be perceived as weak. This has detrimental implications on the mental health of men and boys, as stifling one's emotions may lead to harmful and avoidant behaviors to cope with the pain of what they have experienced. Having explored physiological and psychological impacts, the following section will examine how trauma affects an individual on a social-relational level.

Social-Relational Impacts

Experiencing sex trafficking impacts one's social well-being in a multitude of ways. Victims often have a relationship with perpetrators, including family members, friends, or romantic partners, which affects how survivors perceive healthy relationships and what love looks like (Krushas & Kulig, 2023). These relationships are turbulent, often involving threats, bribes, manipulation, and violence. There also may be a combination of punishments and rewards that can distort a person's self-image and influence their beliefs about how they deserve to be treated in a relationship. Due to this mistreatment, Krushas and Kulig also found several social impairments, including job instability, struggles in maintaining stable relationships, distrust of others, self-isolation, negative self-image, and facing stigmatization from others. Enduring discrimination from peers can further distort one's self-image and contribute to difficulties in forming healthy interpersonal relationships.

Experiencing sex trafficking affects all aspects of life within one's community. Krushas and Kulig (2023) conducted research on young, non-college-educated female participants and found that a significant number of their participants, approximately 17.8%, were experiencing difficulties in their romantic relationships, as compared to non-victimized individuals. This population was selected because young women, particularly those who are people of color, from lower socioeconomic backgrounds, and without a college education, are known to be at heightened risk for exploitation. Most participants reported having family struggles, with Black women being more likely to have negative family experiences than White women. Generally, participants who experienced higher levels of victimization were more likely to encounter difficulties in maintaining employment or experienced job-related problems. Similarly, financial hardship was more closely correlated with higher Adverse Childhood Experiences (ACE) scores,

rather than being uniquely attributable to experiences of sex trafficking. Victims of sex trafficking were also found to be more likely to struggle with housing as compared to non-victims. This study highlighted the various social implications survivors experience as a result of this type of trauma.

Ramaj (2021) found that Albanian victims were stigmatized in various areas of their lives, including in school, work, and professional upgrading courses. Whenever other community members discovered a victim's history of being trafficked, they often became critical of them. Ramaj stated that this is because sex trafficking is often mistaken for voluntary commercial sex trade, especially in patriarchal societies like Albania, where women's sexuality is suppressed. The presence of close-knit social communities in countries like Albania makes it more difficult to conceal this information, causing victims to experience a great amount of distress and fear of others finding out. When reintegrating into society, survivors knew that neighbors, friends, schoolmates, and various people in the community were likely discussing or aware of their traumas. As a result, Ramaj found that they often experienced social ostracism and became more vulnerable in their community. Survivors' economic well-being is also often subject to the influence of those in positions of power within their communities, and they are disproportionately excluded from the job market. Ramaj's study highlighted issues within our patriarchal social systems and cultures that oppress women by punishing them for crimes committed against them. Community efforts should prioritize supporting survivors rather than marginalizing them for having endured sexual trauma. Feminist and intersectional theories are essential to understanding this population, as they address systemic issues of oppression that affect women.

Distrust In Relationships. Evans (2020) found that due to the deceptive and manipulative nature of relationships with traffickers, individuals who have experienced trafficking were more likely to withdraw from relationships and develop a heightened distrust of others. In this study, healing was predicated on victims having relationships where they learn to trust others and feel safe. Based on interviews with participants, this study exemplified healing through relationships as “experiences of reliance, confidence and interaction between her and another, including the challenges, obstacles and benefits of trust within relationship” (p. 113). Every participant in this study had negative experiences in relationships prior to trafficking which made them more susceptible to exploitation. This pattern was common across studies, with most—if not all—individuals who experienced sex trafficking also reporting experiences of child abuse, sexual, physical, and emotional abuse. Evans’s research found that traffickers knowingly target individuals with trauma because they are more vulnerable to manipulation tactics. In the case of minors, children are inherently vulnerable to traffickers due to their dependence on others for their safety and well-being. This study highlighted the importance of healing through trusting and consistent relationships with others.

Familial Human Trafficking. Familial human trafficking involves family members and caregivers acting as traffickers in “facilitating the recruitment, transportation, transfer, or harboring of a child, receiving some economic gain” (Sidun & Dryjanska, 2024, p. 63). Sidun and Dryjanska found that families were more likely to commit this crime when they endured economic hardships and were unable to achieve basic needs. Another major risk factor for familial trafficking is when a caregiver struggles with substance abuse, because caregivers may give dealers access to children on a regular basis in exchange for drugs. Sidun and Dryjanska’s research suggested that while force was the most commonly used tactic among traffickers, other

methods included emotional manipulation through rewards, such as toys or electronics, and punishments, including physical abuse or threats of homelessness. In addition to factors such as poverty, addiction, and financial gain, trafficking may also be driven by cultural and social norms. For example, in Indonesia, children may be expected to contribute financially to their families through labor. In Africa, parents may sell their prepubescent daughters to older men and force them into marriage, as some communities believe in the *virgin cleansing myth*—the belief that engaging in sexual intercourse with a virgin can cure an individual’s AIDS diagnosis. Another example is found in Hinduism: thousands of girls are sold to priests as sexual mistresses in a practice called *devadasi*. Although it is outlawed, families are promised that by engaging in this tradition, they will be rewarded.

Sidun and Dryjanska (2024) also found that children who were trafficked experienced similar impacts from this trauma as adults did, such as physical health concerns, psychiatric conditions, and relational issues. However, due to their developmental stage and the attachment trauma resulting from exploitation by caregivers, the effects were significantly intensified. Minors have been harmed over and over by the people who they believed were to protect them. These children experience profound betrayal from family members or caregivers, including sexual abuse, abandonment, physical abuse, and emotional abuse, leading to extremely negative effects on this vulnerable population and often a complex trauma diagnosis. Because this population of victims are still in a crucial period of human development—struggling to learn basic life skills, developing self-worth, and regulating their emotions—Sidun and Dryjanska found that they were also particularly vulnerable to developing attachment disorders. This is especially true for victims who were trafficked at a very young age, often before they have acquired speech or the ability to express distress or recognize danger. It is difficult to identify

these children due to the hidden nature of this crime and the cultural implications that may be behind it. Sidun and Dryjanska's study highlighted the importance of frontline workers and clinicians being aware of risk factors for children and having the ability to identify these factors to prevent further harm.

Risk Factors for Sex Trafficking

It is important for clinicians and frontline workers to be aware of the risk factors of sex trafficking in an effort to intervene or prevent these incidents from happening. Risk factors in familial trafficking often intersect with influences such as poverty and cultural traditions that impose expectations on children to contribute financially to their families (Sidun & Dryjanska, 2024). Another risk factor that intersects with poverty is a lack of access to education and job opportunities (Rajaram & Tidball, 2018; Ramaj, 2021). Furthermore, a lack of awareness about trafficking makes individuals more susceptible to the manipulation of perpetrators. In the U.S., families that were found to be more likely to traffic children were often living in poverty, struggling with substance abuse, and/or were abused themselves as children (Sidun & Dryjanska, 2024). Sidun and Dryjanska also found that children who were trafficked were most likely to report the following experiences: childhood sexual abuse (88%), abandonment and neglect (83%), physical abuse (71%), and witnessing intimate partner violence (67%).

Sex trafficking risks are similar to overall human trafficking risks, as the majority of trafficking cases are sex trade-related; however, there are some distinctions. In addition to poverty, a previous history of experiencing sexual abuse was found to be a risk factor for entry into sex trafficking (Litam & Neal, 2022). Individuals who were homeless, those with mental health disorders, and individuals with limited education and fewer employment opportunities were also found to be at higher risk of being recruited. Traffickers often give false promises of

having a better life and financial security, and therefore, individuals who endured child welfare systems and/or have been in foster care are more at risk. Those who have been exposed to sexual exploitation and abusive treatment were also found by Litam and Neal to be more vulnerable due to the normalization and familiarity with abuse. Sexual minorities and gender diverse individuals are also more at risk of being trafficked due to the general increased risk of physical, sexual, and emotional abuse that their population faces. It is crucial for practitioners to realize that survivors are more likely to be trafficked by loved ones and/or intimate partners than strangers, as this makes early intervention more challenging and the level of trauma more complex.

Barriers to Accessing Services

Victims of sex trafficking encounter numerous barriers when it comes to accessing support services. Due to emotional manipulation by perpetrators and stigmatization from the public, survivors are less likely to disclose their experience, preventing them from accessing necessary resources (Ramaj, 2021). Additionally, because family members can be perpetrators, this crime is often concealed and may occur before children begin elementary school (Sidun & Dryjanska, 2024). In the United States and Europe, programs and services for recovery are typically not well-funded, nor are they long enough to make a true, long-lasting impact on victims (Cole, 2018; Rajaram & Tidball, 2018; Ramaj, 2021). Due to lack of employment opportunities for individuals, the cycle of sexual exploitation may repeat once released from services and shelters; and furthermore, a lack of financial resources often prevents individuals from affording therapy to heal the complex traumas they have endured. Rajaram & Tidball (2018) conducted a qualitative study on 22 female participants and found that frontline workers, law enforcement, and health care staff often did not adopt a trauma-informed lens to care, further harming survivors. Additionally, participants noted that there was a general lack of awareness

and discrimination from the public, which perpetuated victim blaming. This study highlighted the need for more public education and training for frontline professionals, so that survivors have fewer barriers to accessing services. This may also prevent the cases where survivors are charged and face jail time for refusing to disclose information on their abusers.

The threat from traffickers does not always stop after reintegration into society, as victims may fear for their safety and the safety of their families (Ramaj, 2021). This ongoing insecurity and lack of safety can lead to the avoidance of services designed to support them. Therefore, policymakers and law enforcement should prioritize the safety of survivors so they feel comfortable accessing resources in their communities. These studies have highlighted the importance of encouraging policymakers to fund more wraparound services for survivors to better facilitate their reintegration into society.

Theoretical Frameworks

The theoretical frameworks that overarch this paper include a biopsychosocial perspective, as well as integrative, trauma-informed, feminist, and culturally adapted approaches to treatment (Emanuel, 2021). It is important for support persons to understand the various factors that affect a survivor's life and use different interventions to address these. Emanuel (2021) recommends utilizing bottom-up and top-down approaches—as these are vital to help calm the body's nervous system—in order to then make meaning and process emotions. As the body is often overlooked in trauma treatment, this paper will focus on somatic psychotherapies. It will also focus on sex therapies for this population and emphasize the empowerment of survivors to make choices in their lives that may have been taken away from them during the events of their traumas.

Trauma and the Body

It is crucial for clinicians to understand how trauma impacts the body when supporting survivors of sex trafficking, as focusing solely on talk therapy is not sufficient to heal the nervous system (Hopper et al., 2018). Modern trauma theory increasingly acknowledges the body's response to trauma, recognizing how external traumatic experiences can lead to dysfunction within internal physiological systems. When an individual feels exposure to threats and danger, the autonomic nervous system (ANS) becomes activated and stimulates a fight, flight, freeze, or fawn response. These reactions have been referred to as “animal defense responses”, as they are believed to originate from the more primitive parts of the brain responsible for survival (Fisher, 2019, p.157). The sympathetic branch of the ANS releases the neurotransmitter norepinephrine that increases heart rate, respiration, and maximizes oxygen flow to the muscles; the parasympathetic branch of the ANS is activated to inhibit the activity of the sympathetic nervous system by stimulating the metabolism of adrenergic neurochemicals like norepinephrine and epinephrine. In this state, heart rate and respiration decrease, energy levels decrease, and individuals may experience exhaustion, and numbness. In cases of sexual assault, especially when the victim is immobilized (whether due to drugs or other factors), Fisher’s research found that this causes a high sympathetic activation and freeze response. The heightened autonomic response inhibits cortical activity and the individual’s ability to stay aware, affecting the area of the hippocampus, which is responsible for memory and learning.

After experiencing a traumatic event, the body becomes sensitive to stimuli in the environment that remind the individual of the event (Fisher, 2019). When exposed to this stimulus or danger cue, the body responds with the same sympathetic activation and survival response because the body remembers and is more sensitive to perceived dangers in the environment. In many cases, the body becomes hypervigilant, constantly scanning the

environment for threats. Individuals who have experienced multiple traumatic events throughout their lifetime are more likely to exhibit hypervigilance. Fisher wrote that this is due to chronic activation of the stress response system, making it difficult for the brain and body to recognize safety and leading to heightened sensitivity to threats. Scanning the environment for potential danger is what is known as *neuroception* (Porges, 2022). As a result of this chronic activation, survivors often report struggling with emotional regulation, experiencing fluctuations of hyperarousal, and disconnection, or hypoarousal (Fisher, 2019). It is important to understand how the brain and body react to trauma, as this can help enlighten clinicians on how to address a client's internal physiological and emotional experiences. This perspective helps clinicians recognize why talk therapy alone is insufficient for whole-body healing.

As discussed, when an individual experiences repeated traumas such as sex trafficking, physical abuse, emotional abuse, or intimate partner violence, their nervous system may develop heightened sensitivity to potential dangers in the environment. These reactions include hypervigilance, hyperactivity of the amygdala, sensation loss, heightened tolerance to pain or sensitivity, and strong impulses that may feel beyond their control (Fisher, 2019). At inexplicable times, they may feel in complete fear or a disconnection, even in non-threatening environments. As a result of a hypervigilant nervous system, individuals with trauma are more prone to developing mental health conditions such as depression, anxiety disorders, post-traumatic stress disorders, and borderline personality disorder. Neuroception is an evolutionary adaptation that the body has developed to help avoid threats and thereby improve chances for survival, and dysfunction happens when the nervous system becomes overactivated and there is a heightened sense of danger (Porges, 2022). It is important as practitioners to help clients feel a sense of safety in order to help their nervous systems return to homeostasis.

Polyvagal Theory

Stephen Porges's work (2022) on the science of safety has been influential in the psychology community as it illustrates the neurophysiological components to feeling safe. According to Polyvagal theory, all human bodies are trying to achieve the feeling of safety through the homeostatic function of the ANS. As discussed above, the human nervous system, like other animals, scans the environment for cues of safety and danger in a process called neuroception. The feeling of safety is a subjective experience, influenced by bodily sensations that arise from the bidirectional neural communication between the brain and body. The subjective interpretation of these internal systems of feeling is what philosopher and psychologist Eugene Gendlin (1978) coined as our *felt sense*. When we feel safe, we are open to higher-level thinking by using our frontal cortex, which also promotes social connection, reasoning, and growth (Porges, 2022). Polyvagal theory posits a hierarchical conceptualization of feelings and regulation, as higher-level behavioral functions are thought to be dependent on survival-focused functions, located in the brain stem.

The focus of polyvagal theory is on the function of the vagus nerve, which connects the brain to other organs in the body such as the heart, lungs, and stomach (Dana & Porges, 2018). The vagus nerve can be divided into two parts, the ventral vagal pathway and the dorsal vagal pathway. The ventral vagal pathway is activated in response to feelings of safety and plays a critical role in facilitating social engagement and a sense of connectedness. The sympathetic branch is an excitatory pathway that responds to the threat of danger with a fight/flight/freeze or fawn response; it is action-oriented in response to danger. Dana and Porges explained that the dorsal vagal pathway, however, responds to cues of extreme danger and causes the body to freeze, feel numb, and disconnect; this is the body's way of trying to protect us from further

harm. When working with individuals who experience sex trafficking trauma, practitioners should look for not only what the client is saying, but also their bodily responses. Clinicians may then recognize nonverbal cues when a client is shutting down or when they are becoming hypervigilant.

Practitioners may benefit from familiarizing themselves with the *window of tolerance* model, created by psychologist Dan Siegel (Corrigan et al., 2010). The window of tolerance refers to the optimal zone of arousal in which a person can effectively process and respond to stimuli without becoming overwhelmed or shut down. Given the profound impact that complex trauma can have on the body, it is essential to recognize when an individual is outside their window of tolerance and to understand how to respond appropriately. Corrigan et al. explained that the width of a client's window of tolerance varies from person to person, and it is dependent upon factors such as the extent of trauma the person has experienced and their individual physiological reactions. The goal in therapy in this context is to widen a person's window of tolerance, which can be done by helping them learn to tolerate a range of emotions (Emanuel, 2021). For an individual to process the experienced events and the associated emotions, there must be a level of acceptance, not dismissal, of what happened. Expressing the emotions that are associated with the trauma is believed to support the integration of memories from implicit, procedural memory into explicit or declarative, autobiographical memory. This requires emotional processing and the acknowledgement of trauma as a part of a person's past, meaning that it is no longer presenting as an immediate threat. This may help to dispel the implicit, automatic reactions that often occur post-trauma. For this reason, therapy should integrate both nervous system regulation and verbal processing when supporting survivors. Following the

exploration of body-based approaches to counselling, this section will turn to other suggested approaches for helping survivors.

Review of Suggested Approaches

This section will review the literature related to the most effective, evidence-based theoretical approaches for working with people who have experienced sex trafficking and sexual violence. Also included is an exploration of the qualities which research has suggested practitioners adopt, as well as implications to be aware of when working with this population. As discussed in previous sections, this type of complex trauma may affect survivors physiologically, psychologically, spiritually, and socially. Therefore, research suggests using theories and interventions that integrate talk therapies and body-based interventions (Emanuel, 2021; Hopper et al., 2018). In addition to a trauma-informed approach, qualities such as persistence, flexibility, and trustworthiness are considered vital to working with this population (O'Brien et al., 2023). Interventions that are commonly practiced include trauma-focused cognitive behavioral therapy (TF-CBT), dialectical behavior therapy (DBT), eye movement desensitization and reprocessing (EMDR), narrative exposure therapy (NET), creative art therapies, relational-cultural therapy (RCT), somatic psychotherapies, and group counselling (Hershberger, 2020).

Trauma-Focused Cognitive Behavioral Therapy

TF-CBT has been widely used as an evidence-based, effective modality in treating youth who have experienced childhood trauma (Kometiani, 2019). Improvement is typically seen after 12-16 sessions for reducing PTSD symptoms. When working with exploited children, it is recommended that practitioners be adaptable in their approaches, work with caregivers, ensure youth safety, and understand their trauma history. Schmidt et al. (2022) conducted a qualitative study on three adolescent female participants who had experienced sex trafficking, and found

that through treatment, two out the three girls had a reduction in PTSD symptoms. Overall, improvement was noted in participants, but treatment needed to be altered to each client's individual needs and sessions were extended depending on the severity of trauma symptoms. One element of TF-CBT involves reviewing and reading one's own trauma narrative to a parent or caregiver. This activity was found to be distressing to one of the participants, so they recommend extending sessions. This study had limitations due to a small sample size, but the demographic was ethnically more diverse than other studies, as participants were all from Hispanic heritages. A further limitation was that treatment took place at a juvenile detention center, which exposed youth to harsher surroundings that were not necessarily conducive to healing. This study demonstrated that TF-CBT may be effective for youth who have been trafficked, but clinicians also need to be flexible in their treatment plans and tailor therapeutic interventions to the clients. In addition, it highlighted the need for youth to be in a safe environment in order to promote ongoing healing in between clinical sessions. Finally, this study underscored the importance for clinicians to receive training in working with trauma to support clients when they become triggered or emotionally reactive.

Eye Movement Desensitization and Reprocessing

EMDR involves eight phases in treatment that use bilateral stimulation to desensitize or reduce stress responses and process traumatic memories (Litam & Neal, 2022). The goal is to help an individual's memories shift from procedural ones—rooted in automatic responses—to biographical memories. This practice is evidence-based and has been effective for treating multiple mental health disorders, including PTSD. In this treatment, counsellors target specific memories and recurring themes mentioned by the client, such as negative self-beliefs that may have been instilled by perpetrators. These negative cognitions may include self-blame for what

happened to them, feelings of worthlessness, or that they cannot trust themselves. EMDR may be beneficial for survivors as the aim is to process memories without requiring the client to express their traumas verbally or in detail. Speaking openly about trauma is often very difficult, especially if traffickers instilled fear into the client about disclosing information. Recalling and remembering traumatic events can also trigger survivors, causing them to re-experience aspects of the trauma, as if it were happening again. This modality is believed to be beneficial in that it reduces emotional distress but does not retraumatize clients when conducted with the proper preparatory safeguards.

Dialectical Behavioral Therapy

Some practitioners utilize DBT interventions, which were originally developed to treat individuals with suicidal ideation and BPD (Litam & Neal, 2022). DBT combines Western talk therapy approaches with Eastern perspectives of mindfulness (Linehan, 2014). This therapy was developed to help improve emotional regulation, distress tolerance, interpersonal skills, and mindfulness, as many survivors suffer from suicidal ideation, emotional dysregulation, and dysfunctional interpersonal relationships. Therefore, this modality is a comprehensive approach that targets many facets of the survivor's life. Improving distress tolerance is a key component for survivors, as they often experience extremely distressing memories of their traumas (Litam & Neal, 2022). Additionally, learning emotional regulation skills can help with daily functioning.

Narrative Exposure Therapy

Another effective talk therapy modality that is suggested is NET, as it is an evidence-based, brief therapy that is thought to have the capability of being easily adapted to different cultural environments and treatment settings (Litam & Neal, 2022). It was specifically developed for individuals who have experienced multiple, complex traumas by combining elements of

CBT, testimony therapy, and exposure therapy. Emotions are processed by exploring the client's autobiography, including both traumatic and positive memories, in hopes of reducing distressing symptoms. This modality has been found to be effective for survivors, as it allows them to tell their stories in a safe, nonjudgmental space where the therapist offers empathy and compassion. More research with sex trafficking survivors needs to be conducted, but this modality has proven helpful in reducing trauma symptoms and helping the client find meaning in life. Shamsudeen et al. (2024) conducted a study on 20 adolescent female participants living in India who experienced sex trafficking and found that NET improved overall trauma-related symptoms such as PTSD, depression, and anxiety. This modality was found to be culturally adaptive, but treatment should be modified to include a more holistic approach that encourages posttraumatic growth, resilience, and psychological well-being. This study has highlighted the effectiveness of NET relevant to the treatment for survivors of sex trafficking, including youth.

Creative and Expressive Therapies

Art therapies can help clients express and process emotions nonverbally, which may be especially beneficial when trauma has impaired the brain's ability to communicate feelings through language (Kometiani, 2019). It is important for therapists using art in their practice to be trained in this area to understand how to help clients navigate activation during these activities. Clinicians must be able to recognize when a client is dissociating and utilize self-regulation and grounding techniques in these moments (Litam & Neal, 2022). Art therapy may help clients find wholeness by healing the fragmentation of the mind and body when trauma occurs. An example of this intervention is providing survivors with art supplies such as paint, clay, or other forms of art mediums and having them create one piece that represents their inner world, and one piece that embodies their future. This activity allows time for introspection on their current state of

being, as well as a future state that they can envision where they would feel at peace. Expressive arts like music, dance, theater, movement, and writing may also help with processing trauma. Dance or movement therapy has been shown to support healing on emotional, physiological, and social levels. Providing survivors with choices in their modes of expression can foster a sense of empowerment and autonomy. This type of therapy can be used as a supplement to other therapeutic approaches and is adaptable to an individual's cultural background and developmental stage.

Empowerment-Focused Dance. Art therapies generally have been found to empower survivors of sex trafficking, as they provide a space for an individual to express their emotions in tangible, yet nonverbal ways (Kometiani, 2019). Empowerment-focused dance or movement therapy is a body-based approach that helps individuals who have experienced trauma release the emotional and physical impacts that trauma has on the body (Bernstein, 2019). It was originally developed for individuals who experienced sex trafficking in marginalized populations of Kolkata, India. It allows survivors a chance for self-exploration and self-expression, and has also been shown to help build self-esteem. This approach requires careful titration of treatment for individuals with complex trauma to prevent re-traumatization. The goal of this therapy is to empower survivors through building psychophysical capacities and safely transforming the negative impacts of trauma. Because the body has often been a site of victimization and trauma, dance and movement can serve as powerful tools for survivors to rebuild their relationship with their bodies and view them as an ally in the healing process. Dance and movement highlight the body's inner strengths and its role in helping the individual to survive. In this type of treatment, healing can also arise from the natural connections present with others who have endured and survived similar experiences.

Chettiar and Mascarenhas (2024) conducted a study on 60 adolescents living in Mumbai who had experienced complex trauma, and they found that dance/movement therapy helped to reduce symptoms of depression, aggression, and anxiety, as well as boost levels of self-esteem. Participants lived in a shelter and often faced stigma for not living in a family unit, for being orphans, or for having experienced sexual abuse. Many of the participants also had HIV and faced stigma because of it, even from supervisors at the shelter. The adolescents were able to engage their bodies where traumatic experiences were stored, simulate past events, and create movements that facilitated the release of blocked emotions like anger or sadness. Facilitators allowed the adolescents to choose their movements, which helped them to feel more in control of their bodies and empowered. This space provided an opportunity for self-expression and connection, which was particularly valuable for participants who, while living in a shelter, may never have experienced love, safety, or security from others. This study highlighted physical movement and empowering activities as vital components in supporting survivors' healing process.

Relational Cultural Therapy

Hershberger (2020) recommended that clinicians work with a Relational Cultural Theory (RCT) lens to heal attachment and interpersonal wounds. RCT focuses on the abuse of power within the survivor-abuser dynamic, while also considering the broader cultural and social context in which the trauma occurred. Hershberger called human sex trafficking the “ultimate anti-relationship” (p. 457), emphasizing the complete violation of autonomy and human dignity this dynamic fosters. This theory highlights the intersections of marginalization that survivors experience from perpetrators, such as sexism, racism, classism, and commodification. Practitioners of this modality help survivors find connection and self-empowerment, and

promote healing by moving survivors from a dynamic where they are isolated and dehumanized to a space of authentic connections of egalitarian relationships. The key component of this approach is working with authenticity, mutual empathy, and mutual empowerment.

Sex trafficking involves complex relational dynamics, including betrayal by family members or intimate partners and trauma bonding with perpetrators. This often leads to distrust in relationships and survivors isolating themselves from not only others, but also from resources in the community. As a result, research has focused heavily on approaches that heal this relational trauma. In a study conducted in the U.S. on improving the aftercare of survivors who experience sex trafficking, researchers interviewed 15 female adult survivors on what their relationships have been like post-trafficking (Evans, 2020). They found that, despite personal relationships being a source of pain in the past, individuals were also able to find healing through healthy personal relationships. Evans emphasizes the importance of having supportive, trusting relationships to foster healing and posttraumatic growth. This can be achieved through mentorship and connections with trusted peers. From the interviews, Evans noted consistency as a key theme of the relationships that helped the participants' healing. This was demonstrated by people who followed through on their commitments and refused to abandon or give up on participants. Seeing healthy relationships modelled was also beneficial for survivors, especially in a romantic context, as many were not exposed to this dynamic as children from their parental figures. This study concluded that services for survivors should not only focus on basic needs for mental and physical stabilization, but also on fostering healthy relationships in this context. This may include psychoeducation with respect to intimacy, communication, boundary setting, and building trust.

Somatic Psychotherapies and Experiential Group Therapy

Research on somatic psychotherapies for human sex trafficking survivors is scarce, but there is research in this area for people who have experienced sexual violence in general. As discussed above, somatic psychotherapies can support survivors by resetting their nervous systems after experiencing one or multiple traumatic events (Fisher, 2019; Levine et al., 2018). Body-based interventions are vital for healing the disconnection and fragmentation of the mind and body when it has experienced trauma. Hopper et al. (2018) conducted research on 17 female survivors of human trafficking who had reported symptoms of complex trauma. Researchers found that having somatic practices integrated with other modalities, such as experiential art therapies, helped participants with emotional regulation, improved interpersonal relationships and self-identity. The group is known as the STARS experiential group, which integrates trauma-informed and culturally adapted care with body-based interventions, psychoeducation, and experiential approaches. They found that group work was beneficial to survivors of sex trafficking, as it encouraged healing from interpersonal traumas and disconnection. Participants in previous studies on therapeutic groups reported improvements in social skills, communication, and fostering a sense of community. A significant limitation of Hopper et al.'s study can be seen in the sample size, which limits generalizability. Additionally, some participants found certain exercises to be triggering, some continued to struggle with relating to others and developing relationships, and some facilitators had difficulty focusing on helping individuals manage their dysregulation in a group setting. It is important for facilitators to prepare for such reactions in this setting. Though there were some noted challenges, this study highlighted the benefit of body-based therapies for survivors in reducing emotional dysregulation.

Therapeutic Interventions: Cultural Considerations

When working with survivors, it is essential for practitioners to adapt interventions to align with the sociocultural background of the client. When practitioners approach clients with solely a Westernized approach, they are not attending to the diversity within this population and may make assumptions that are culturally insensitive or harmful (Bryant-Davis & Gobin, 2019). For example, when counselling African American girls and women, practitioners must consider historical and present-day traumas that Black women have faced and continue to endure, as well as familiarize themselves with Black feminist theories and womanist frameworks when working with this population. Black female ancestors were enslaved by white owners and systematically sexually exploited for hundreds of years. The lasting effects of this dehumanization and systemic oppression continue to affect the lives of Black individuals and communities, particularly through the ongoing devaluation and hypersexualization of Black women's bodies in contrast to those of White women. Through this oppression, Black communities often lack resources for basic living needs and mental health care. African American youth are at great risk of exploitation in the commercial sex trade and experiencing various forms of abuse. Of sex trafficking victims who are minors in the U.S., it is estimated that almost half are African American girls. Treatment should take a holistic approach, finding other care providers and resources for economic and social stability, such as housing, food, and opportunities for growth. Bryant – Davis and Gobin recommend that psychotherapy be strengths-based, trauma-informed, empowering, safe, and foster a sense of belonging. Integrating elements of African American art, music, dance, poetry, survivor narratives, and spirituality into care can serve as a powerful tool for empowerment. Such integration fosters connection to advocacy, resilience, coping, and creative self-expression.

Individuals who are a part of the LGBTQ+ community are also at a higher risk of falling prey to sex trafficking (Gerassi & Pederson, 2022). One reason for this is due to the increased runaway risk among LGBTQ+ youth due to abuse, discrimination, and rejection by family. Another reason is that they are kicked out of their homes and begin to trade sex in exchange for basic living needs. Gerassi and Pederson (2022) researched 24 social service organizations that worked with people who have experienced sex trafficking in the U.S., and found gaps in service for queer folks, and in particular, trans clients. They also found service providers' knowledge on gender and sexuality to be outdated, binary and static. Gerassi and Pederson's research aimed to highlight the importance of providing a safe, inclusive space for queer survivors and gender affirming care. They wrote that approximately 40% of the homeless youth population is a part of the queer community, and yet, services have not been tailored to this population. This study has highlighted the importance of practitioners familiarizing themselves with correct terminology and providing inclusive, gender affirming care to survivors of sex trafficking.

Sexuality, Empowerment, and Posttraumatic Growth

This section of the paper will focus on PTG and sexuality reconstruction among survivors of sex trafficking. Firstly, there will be a discussion on how this type of trauma affects survivors' sexual health and wellbeing; this will include an analysis of the role of sex therapy in the healing process. Subsequently, this section will review empowerment strategies and PTG. Finally, it will review populations that are often excluded from research.

Impact on Sexuality and Romantic Relationships

Survivors of sex trafficking typically experience difficulties within romantic relationships due to a lack of trust for others and struggles with sexuality (Evans, 2021). Often, this population comes from backgrounds of abuse, wherein healthy relationship dynamics have not been

modelled, and violence may be normalized. As a result, survivors may be more vulnerable to repeating abuse patterns in their future romantic relationships. Evans also wrote that survivors also struggled with sharing their abuse history with partners, due to the fear of being judged and misunderstood. Victims of sex trafficking often experience challenges with sexuality, such as becoming triggered during sexual acts, dissociation, difficulty with staying present, hypervigilance, and feelings of guilt and shame (Malanca, 2023). Research has demonstrated that healthy long-term romantic relationships have been found to be a source of healing relational traumas (Evans, 2021).

In a study done in the U.S. on sexual dysfunction among individuals with and without sexual trauma histories, researchers created a network comparison to identify what patterns of sexual dysfunction are unique to people with trauma (Chen et al., 2023). Sexual dysfunction is described as an inability to become sexually aroused and/or to experience sexual pleasure during sexual activities. Individuals may also experience low desire or pain during sexual activities. Chen and colleagues also found that sexual dysfunction often occurs simultaneously with internalizing symptoms associated with the development of negative or unrealistic schemas and beliefs surrounding sex and sexuality, such as anxiety and depression.

The study sample was a total of 1937 participants, all of whom were college students with mental health issues and/or sexual trauma. In the study, 53% of participants reported having no experience of sexual trauma, and 46.8% reported experiencing at least one event of sexual trauma (Chen et al., 2023). Of the individuals who experienced sexual trauma, 82% were women and 17.8% were men. The sample was quite racially diverse, with 37% who identified as White, 10.5% who identified as Black, 21.3% who identified as Asian, and 30.7% who identified as multiracial. The study found that individuals with mental health issues generally experienced

varying levels of sexual dysfunction. For example, having generalized anxiety was correlated with difficulty becoming sexually aroused and negative body image. In this study, Chen et al. also measured how many individuals experienced the following: lack of sexual interest, inability to relax, difficulty having orgasm, struggles with shame, issues with body image, experiences of body dissociation, depression, anxiety, and any other somatic symptoms. Findings on individuals who had histories of sexual trauma indicated that they were more likely to experience a heightened sense of anxiety and overactive physiological arousal compared to those without these histories. Both participants with sexual trauma and no history of sexual trauma reported experiencing body dissociation. However, participants with sexual trauma specifically reported feeling separated from their bodies during sex. Dissociation may be a learned response to surviving sexual abuse, and it is a function that is no longer needed in safe sexual encounters. Participants with trauma were additionally found to be more likely to struggle with sexual pleasure and the ability to relax during sex, whereas this was not significant in people without a history of trauma.

Chen et al. (2023) also found that individuals with sexual trauma were more likely to experience shame during sexual activities, especially men. This may be attributed to what men internalize from traditional gender role scripts, because they are expected to take a dominant and performative role in sexual activities. Chen et al.'s study has highlighted the importance of creating safe, affirming environments for all genders who have experienced sexual trauma, especially because men are less likely to reach out for support due to gender role norms surrounding masculinity. This study also highlighted the detrimental effects that sexual trauma can have on one's sexuality and pleasure. A limitation of this study, however, is that the sample

size does not reflect the general population of people, and future studies should aim to expand outside a college student body.

Malkemus and Smith (2021) introduced the concept of *sexual disembodiment* to explain the internal bodily dynamics that can occur due to sexual trauma. Sexual disembodiment is described as the experience of bodily sensations during sexual activities, becoming separated from conscious awareness to varying degrees. As a result of this disconnection, individuals are inhibited from experiencing what Malkemus and Smith refer to as sexual energy, which consists of pleasure, arousal, and vitality. Some have described this disconnection as feeling as though they are in their own head, disconnected from specific body parts, or disconnected from bodily sensations in general. This disconnection not only takes place because of sexual trauma, but can arise from the pressure to conform to societal expectations surrounding sexuality, such as heterosexuality, gender binaries, and monogamy. The patriarchal paradigm in North America commodifies, oppresses, and objectifies women's bodies, detrimentally impacting women's sexuality. Individuals who exist in this context struggle to know what their own specific sexual and somatic needs are. Malkemus and Smith's article has highlighted the impact that sexual trauma can have on our bodies and how patriarchal gender norms may further cause harm to our sexuality, which raises a critical question: would sex trafficking persist in a society that respected bodily autonomy and did not commodify or objectify a woman's body?

Sexual disembodiment is essentially dissociation, which is a survival response to extreme distress, a built-in body mechanism designed to regain homeostasis (Malkemus & Smith, 2021). Survivors often struggle to stay grounded and to fully experience bodily sensations and emotions, which is why the utilization of somatic psychotherapies have been recommended along with sex therapy in helping clients to reclaim their sexuality. When there is objectification

or violence in a sexual experience, the individual's mind receives the message that sex and sexuality are unsafe. Individuals who have experienced trauma often have a dysregulated nervous system, a smaller window of tolerance, and experience fluctuations of hyperarousal or hypoarousal. These experiences of dissociation may involve derealization, a detachment from one's surroundings where nothing feels real, or depersonalization, a feeling of detachment from one's own thoughts and feelings. Malkemus and Smith have written that these experiences have the propensity to greatly affect one's experience of sexuality and vitality.

In women who are subjected to sex trafficking, Evans's (2021) research found that individuals reported feeling as though their bodies were commodities because they believed that their value came from whether they were sexually attractive to others. They described that their sexual identity and pleasure were taken away from them, typically from a young age, because many of these survivors also had experienced childhood sexual abuse. Participants also expressed a general loss of interest in sexual experiences and sexuality; however, if they were in a long-term relationship, their interest somewhat increased. Due to the multiple instances of sexual assaults, participants in Evans's study also often expressed that they learned how to disconnect in these moments and felt like they could no longer be present for sexual experiences. About one-third of participants reported confusion surrounding sexual identity and viewed men as perpetrators. Survivors in this study also reported feeling shame over having had sexual intercourse with multiple people, internalizing beliefs that made them feel 'dirty' or damaged. Many of the participants stated that they began to find healing within safe, long-term romantic relationships where they could begin to learn their preferences, practice communicating them, and asserting boundaries. Evans also stated that survivors additionally require a safe space to practice becoming more comfortable with physical intimacy; however, emotional intimacy was

more challenging and vulnerable for some than physical intimacy. This study highlighted the importance of feeling safe and cared for in intimate contexts to begin the healing process of sexual traumas and relational wounds. Within these relationships, it is crucial for survivors to feel a sense of mutuality, shared power, and authenticity.

Sex Therapy for Survivors of Sex Trafficking

Adopting an integrative approach to helping survivors of sex trafficking is important, as healing is multidimensional (Malanca, 2023). Malanca wrote that treatment for healing sexual trauma has four components: memory management, building trusting relationships with others, feeling safe by creating a safe environment, and restoring a sense of self. Sex therapy is recommended as an integral component of treatment, particularly for supporting survivors in reconstructing their sexuality, regulating their nervous system, and empowering them to assert their sexual boundaries and needs. There is a shift in treatment from focusing solely on a client's abuse history to the construction of a new, empowering narrative of sexuality, rooted in autonomy, safety, and self-compassion. Often, individuals who have experienced sexual abuse may be unfamiliar with their desires and needs. According to Malanca, the goal of sex therapy, then, is to help clients develop a deeper understanding of their bodies, become more grounded in their bodily experiences, and reconstruct their sexual identities on their own terms. Masters and Johnson (1970) developed an intervention that may be utilized with partners is called *sensate focus*, wherein clients practice mindful, non-sexual touch to improve comfort and physical intimacy. Within this intervention, there is no pressure to perform or engage in unwanted sexual experiences, which may help reduce triggers that survivors often experience during sexual activities.

For healing to take place, Malanca (2023) stated that survivors need to have experiences of “predictability, safety, and respect” (p. 10), especially given the multiple violations they have endured in their sexual history. Therapy should focus on helping survivors to feel safe in their environment and their bodies before introducing sexual exploration. Sex therapy should then focus on bodily awareness of the here and now during sexual experiences, as these can trigger memories of past abuse. Seeing their partner’s naked body or encountering a smell associated with past sexual experiences can, on its own, be triggering. Victims may feel shame and guilt for having a physiological response during abuse, a phenomenon known as *arousal non-concordance* (Nagoski, 2015). It is important that survivors understand that bodies may respond involuntarily, even in the absence of consent or sexual desire. Clinicians should then work with clients to deconstruct these feelings of guilt and shame. Another pattern that survivors may develop is a learned association between sexual arousal and violence or abuse (Malanca, 2023). Sex therapy aims to help the client unlearn and deconstruct these unwanted patterns, and to help them adopt new ones that allow survivors to feel safe expressing sexual desires and experiencing pleasure on their terms. Having a safe environment is key for sexual exploration and creativity.

Posttraumatic Growth and Healing

The concept of PTG was articulated by Tedeschi and Calhoun (2004) and highlighted the positive outcomes that could arise following experiences of trauma. While an individual may not be able to return to a pre-trauma state, they can still experience profound changes and growth. Tedeschi and Calhoun stated that the five main changes included: an increased appreciation for life, meaningful interpersonal relationships, feelings of increased personal strength, a richer experience of spirituality, and a realization of one’s priorities/new possibilities. Survivors may find their personal strengths within their abilities to survive and escape sex trafficking, their

boldness to testify against their traffickers, their courage to seek out resources, or in becoming an advocate for others (Evans, 2021). Helping others who have experienced trafficking can not only feel empowering and connective, but also can provide survivors with a sense of purpose.

PTG is a concept in Positive Psychology theory that focuses on the resilience and capacity for growth in every human being (Sidun & Dryjanska, 2024). Although there is a focus on positives, this theoretical approach does not negate negative emotions. It creates a space for a range of emotions to emerge during sessions while honoring a survivor's strengths and the hope for future possibilities. Sidun and Dryjanska said that survivors mentioned a part of their healing process involved having someone who believed in them and had hope for their futures. This theory also emphasizes healing through positive relationships where survivors feel loved, even by one person, giving them the strength to move forward.

The sociocultural aspect to healing is a vital part of PTG theory, as a lack of support from one's community can be detrimental (Muldoon et al., 2023). Public stigma of sexual and gender-based violence—such as an unwillingness to acknowledge women's experiences—can impede one's own healing and social connection. Survivors often develop a negative sense of self and a feeling of disempowerment as a result; however, Muldoon et al. found that speaking out about sexual violence and engaging in activism could have many positive outcomes for individuals in their healing process. These positive outcomes included connecting survivors to community members, stronger interpersonal relationships, and a new sense of purpose.

Muldoon et al. (2023) conducted a small study on four participants in Ireland who experienced sexual trauma and waived their right to anonymity by the court system during highly publicized trials. The participants are the only four women to have ever waived their anonymity, despite 42% of women in the Republic of Ireland having reported experiences of sexual

violence. Although this was a small-sample study involving only all white women, there were still many insights into the positives that emerged from these cases. Through publicly speaking about their experience and connecting to other survivors, the women stated that they found a sense of collective PTG. Despite the risk of sharing their experiences, these women came forward because they wanted to incite community discussions about sexual violence. The message they wanted to convey is how sexual violence is not a victim problem, but a collective “we” and “us” problem within the community. Collective growth emerged as these women found strength through community and empowered others to speak out about their own experiences. This was shown by Muldoon and colleagues to have a profound effect on a survivor’s self-identity, as it was able to transform negative self-perceptions and internalized biases. This study highlighted the importance of openly addressing sexual violence and sex trafficking, as these are pervasive social issues that affect millions of individuals worldwide. In addition, this study underscored the importance of having collective community support for survivors to aid in healing and preventing further harm.

Kirkner and Ullman (2019) conducted research in a longitudinal study that took place over three years with 1863 participants, all of whom had experienced sexual violence. They found that individual and community factors contributed to the survivors’ experiences of PTG. The study was conducted in Chicago, a city known for its high levels of racial segregation. The study sample was ethnically diverse, consisting of 47% African American, 35% White, 2% Asian, 10% identifying as ‘other,’ and 6% multiracial. This study found that several individual factors were positively correlated with PTG, including disrupted core beliefs, perceived control over recovery, religious coping, and positive social coping. Participants who identified as White were found to experience lower levels of PTG compared to Black participants; however,

researchers did not explain this disparity. One possible explanation is that White participants may have come from more privileged and protected backgrounds and may not have been exposed to the same level of significant trauma as many Black participants in the U.S.

Kirkner and Ullman (2019) also found that neighborhood factors such as low-income areas or higher crime rates had a small impact on PTG, but individual factors, such as religious coping and cumulative lifetime trauma, were of greater significance. In addition to individual factors, systemic factors such as race, socioeconomic status, and education, were all factors that impacted PTG. They identified key components of healing that clinicians should incorporate into their practice, including fostering empowerment and encouraging the development of positive social relationships. In addition, Kirkner and Ullman found that even among individuals living in lower-income neighbourhoods or from diverse ethnic backgrounds, access to resources, a sense of empowerment or control, and positive social support are vital to healing from abuse. This study highlighted the importance of recognizing how systemic and individual factors can influence healing from sexual trauma

Summary

This chapter reviewed current literature on integrative and holistic approaches to supporting survivors of sex trafficking. The first section overviewed the biopsychosocial impacts of this type of trauma, risk factors, and barriers to accessing services. The second section delved into the integrative theoretical frameworks proposed by this capstone, as well as recommended treatment modalities with an emphasis on body-based interventions. The third section of this chapter focused on the impact on sexuality, sex therapy, and PTG in healing. The following section will conclude with the importance of utilizing a feminist, intersectional lens in practice, as well as the need to culturally adapt therapeutic interventions.

Chapter 3: Discussion and Applied Practices

In summary, the literature has revealed that survivors of human sex trafficking experience profound and multifaceted traumas, including physiological, psychological, and social. As a result, the literature has recommended that clinicians utilize a holistic and integrative therapeutic approach (Emanuel, 2021; Litam & Neal, 2022; Rajaram & Tidball, 2018; Ramaj, 2021). Findings have emphasized the importance of trauma-informed, culturally responsive care that incorporates both talk therapy and body-based interventions. Somatic therapies and polyvagal-informed practices are essential for regulating the nervous system and addressing trauma responses, such as dissociation and hyperarousal (Fisher, 2019; Hopper et al., 2018; Litam & Neal, 2022; Porges, 2022). The literature has also emphasized that sex trafficking is, at its core, a relational trauma (Evans, 2020). In addition to body-based therapies, RCT was highlighted as particularly effective in repairing relational wounds and fostering empowerment through mutual connection (Hershberger, 2020). Finally, in addressing sexual disembodiment and shame, sex therapies were found to be necessary for healing survivors' sexual well-being (Malanca, 2023).

Overall, the literature has emphasized the importance of culturally adapted and inclusive interventions for marginalized groups (Bryant-Davis & Gobin, 2019; Gerassi & Pederson, 2022). Including research on PTG, empowerment models in healing have also acknowledged a need to shift away from solely pathologizing models towards strength-based, client-led interventions. As discussed, many of the barriers that survivors face in accessing resources are due to out-of-date models of care, stigmatization, lack of training, and lack of adequate funding (Ramaj, 2021).

Gaps in Research

This capstone has limitations in the generalizability of its treatment recommendations, as much of the existing research has been conducted on female victims—who make up a significant portion of the survivor population—as opposed to male victims. In addition, the research that has been conducted on female survivors has typically had small sample sizes, making it difficult to conclude whether interventions would be helpful generally. While the literature has highlighted relational healing as a central aspect of addressing this type of trauma, further research is needed on body-based interventions because of the critical role they play in regulating the nervous system. I would recommend that future research be conducted on larger and more diverse sample sizes, as well as include somatic approaches to review efficacy. The literature has appeared to support the notion that there is no one-size-fits-all in healing, and that interventions should be culturally adapted and tailored to the individual. Therefore, further research should focus on the specific needs of various individuals from different cultural and ethnic backgrounds. Having explored gaps in research, the following section will now turn to implications for service providers.

Implications for Mental Health Professionals

The literature has highlighted the importance of training for all clinicians, as there is always a likelihood of working with survivors of sex trafficking in their career (Litam & Neal, 2022). Litam and Neal recommended that clinicians should approach clients with an intersectional, feminist framework to understand how clients may face discrimination and experience limited opportunities due to their marginalized identities, especially since survivors often come from marginalized racial groups, live in poverty, have disabilities, and/or identify as a part of the LGBTQ+ community. This study also recommended that counsellors should

practice cultural humility and take time to analyze their assumptions and the biases that may arise when working with this population; additionally, they should be aware of the myths of sex trafficking and understand the complexities of trauma bonding with perpetrators. Specifically, they should understand how complex trauma can affect the mind and body, so they may provide psychoeducation to clients about nervous system regulation (Fisher, 2019). Therefore, it has been recommended to integrate a top-down and bottom-up approach to help support survivors in healing their complex traumas (Emanuel, 2021; Litam & Neal, 2022). The biopsychosocial factors that may affect the client also aligns with offering holistic care in treatment.

Given that sex trafficking is considered a relational trauma, counsellors are encouraged to practice a relational therapeutic approach to develop a trusting relationship with clients (Hershberger, 2020). Hershberger recommends that counsellors provide clients with empathy, authenticity, and mutual respect to foster feelings of safety. Research has also shown that feelings of safety are a crucial aspect for regulating an individual's nervous system and accessing the ventral vagal pathways, which enable calmness, exploration, and creativity (Porges, 2022). The literature has also recommended the use of an empowering, strengths-based approach, as this may help clients to believe in themselves and boost their self-esteem (Bernstein, 2019; Bryant-Davis & Gobin, 2019; Chettiar & Mascarenhas, 2024; Muldoon et al., 2023; Sidun & Dryjanska, 2024). Survivors may additionally benefit from therapy that emphasizes choice, safety, and empowerment, rather than problem-centred approaches. Self-advocacy and activism have also been found to be a powerful tool for some survivors, as they helped them to feel a sense of purpose in standing up for others and influencing policies surrounding sex trafficking (Muldoon et al., 2023). The literature has also recommended the incorporation of expressive and creative arts, as it goes beyond talk therapies and may unlock expression and processing through

nonverbal mediums (Kometiani, 2019). Finally, research has shown that sex therapies are also an important incorporation in the healing process—especially in mid to later stages—as these therapies support survivors in reclaiming their sexuality on their own terms (Malanca, 2023). Therefore, counsellors must be flexible in their approaches, be knowledgeable in various modalities, and be able to adapt interventions throughout the process of working with survivors. Long-term treatment and care are often required for this population, and healing is not a linear process (Ramaj, 2021). Clients must be connected to other community resources for basic needs support, group counselling, mentorships, career opportunities, and healthcare (Litam & Neal, 2022).

Implications for Policymakers and Service Providers

The literature has called on policymakers globally to prioritize the decriminalization of survivors, particularly those who are penalized for actions that were taken under coercion, or for not disclosing their perpetrators' identities (Ramaj, 2021). This is especially true for individuals in Romania and other Eastern European countries, where sex trafficking is prevalent. In contrast, in British Columbia, Canada, victims of sexual assault have the option to report a crime through a third party, allowing them to remain anonymous to the police (Government of British Columbia, 2021). This process helps survivors feel safer when sharing their stories, reducing the risk of retaliation from offenders or potential legal repercussions. Countries with more patriarchal structures could benefit from implementing similar processes to better support survivors and ensure the prosecution of sex trafficking offenders. Additionally, the literature has called for funding and conducting mandatory training for service providers (i.e., law enforcement, legislators, hospital staff, and social workers) on myths surrounding sex trafficking with the aim of preventing further discrimination and stigmatization of survivors (Ramaj, 2021).

Due to a lack of awareness and prejudice, service providers are prone to misidentify or overlook individuals who are victims of these crimes (Cole, 2018; Gerassi & Pederson, 2022). The literature has emphasized that organizations must ensure services are gender-inclusive, culturally adapted, holistic, and focus on meeting survivors' basic needs. Additionally, long-term care is also essential for healing and reintegration in this population to prevent revictimization (Ramaj, 2021). However, more funding and support from policymakers are needed for prevention and supporting victims of this growing crime. Based on these implications, a recommended treatment plan will now be proposed for clinicians to reference when working with survivors.

Recommendations and Application: Comprehensive Treatment Plan for Survivors

Based on the literature review, a treatment plan that can be adapted and customized to the client's needs may be helpful for clinicians to offer comprehensive and effective care for clients. This sample treatment plan is based on the literature review provided in the previous chapter, with the addition of interventions created by practicing clinicians.

Phase 1: Initial Contact, Engagement, and Assessment

In the intake phase, it is important for counsellors to be both client-centred and trauma-informed in their approach in order to establish trust and safety. They may offer warmth, empathy, mutual respect, and authenticity in treatment to help build a trusting relationship with the client and establish rapport. In maintaining trauma-informed practice, counsellors should frame questions with sensitivity and let clients know that they do not have to share information if they become uncomfortable. For example, counsellors may begin questions with: "Would you be comfortable sharing...?" before delving into the client's past traumas. In this treatment plan, the process of healing from trauma is guided by Herman's (1992) *triphasic model*, which includes an

initial phase of stabilization, followed by remembrance and mourning, and ultimately reintegration into meaningful life and relationships. This model is grounded in trauma-informed principles and emphasizes the importance of building trust, ensuring client safety, and achieving stabilization before engaging in trauma processing. Throughout the therapeutic process, counsellors should consider incorporating the concept of *titration*, which involves processing trauma gradually and in small, manageable doses (Levine, 2010). Without this paced approach, the client's nervous system may become overwhelmed or dysregulated, potentially hindering the healing process. Counsellors should also take note and identify any urgent physical, psychological, or social needs the client may have and make appropriate referrals to ensure that their basic needs are being met; this will increase the likelihood of treatment being effective as it removes potential barriers. Furthermore, counsellors should determine the client's level of safety from perpetrators and collaborate with them to create a safety plan if needed. This could include: emergency contacts, security improvements, coping skills, and/or safe spaces to escape (British Columbia Ministry of Justice & BC Housing, 2015).

Before counsellors determine the full scope of treatment in the first phase, they could conduct a full biopsychosocial assessment which would include trauma history, developmental history, sociocultural location, support systems, medical history, substance abuse history, the presence of any dissociative symptoms, level of safety, housing, strengths, and sexual health (Miles, 2020). Counsellors should also ensure to adhere to gender-affirming care practices by asking clients what their preferred pronouns are, so they may respectfully identify them (Gerassi & Pederson, 2022). In addition, it is important that the counsellor is aware of the power dynamics and potential cultural differences between themselves and the client, and to address these concerns openly. The counsellor may inquire:

- What is it like for you to have a White therapist or a therapist from a different ethnic or cultural background?
- What do you perceive as barriers to your healing process? (Chiara et al., 2023)
- What needs to be in place to help support you on your healing journey?

Phase 2: Stabilization and Safety

In this phase, the goal is to utilize body-based modalities to help regulate nervous system dysfunction and expand emotional regulation capacity (Fisher, 2019). Counsellors may begin with psychoeducation on what happens to the body after experiencing multiple traumas and explain either the *window of tolerance* or the *polyvagal ladder*, which would also be used in future sessions (Dana & Porges, 2018). These tools can help gauge what state a client is in, whether hyperarousal, ventral vagal, or dorsal vagal. It also offers clients an understanding of the language of their bodies, as well as ways to communicate to therapists what they are feeling internally. In working with youth or adults, establishing a metaphor they can use may be helpful for reinforcing these lessons, such as referring to hyperarousal or amygdala overactivation as a ‘smoke alarm.’ It is important for clinicians to validate the experiences of fluctuating emotions and states post-trauma, from hypervigilance to dissociation or numbness. The goal is to move from any extreme states back into nervous system regulation in order to reduce the client’s suffering. To support feelings of safety, clinicians should help clients establish routines that involve predictability and safety from external dangers. The aim is not to remove the activation, but to widen a person’s window of tolerance by helping them learn to tolerate and manage a range of emotions and anxiety (Emanuel, 2021).

Somatic Regulation and Grounding. Somatic experiencing and mindfulness techniques can help clients become more present and reduce dissociation by fostering a sense of safety and

connection in their bodies (Levine, 2010; Levine et al., 2018). Interventions from this modality that can be utilized to help calm the nervous system include: body scans, progressive muscle relaxation, orienting exercises (e.g., name 3 things you see, hear, feel), the Voo breathing exercise, self-soothing touch, diaphragmatic breath work, humming, listening to music, and movement. These practices can also be culturally adapted by offering the client an opportunity to engage in prayers or traditional healing rituals.

Phase 3: Trauma Processing

It should be noted that any clinician planning to do trauma processing, particularly with a vulnerable population, should engage in training in a modality that is specific to trauma processing. Additionally, it is critical for clinicians to have done their own work as it relates to trauma and have regular access to clinical supervision. Phases two and three may be intertwined and nonlinear, as conversations about the client's trauma experiences may naturally unfold while discussing nervous system techniques. It is important for the clinician to proceed at the pace set by the client, as this will help them to feel a sense of safety and control. Clinicians must also understand how to read body language and address any signs of dissociation or hypervigilance, so that the client may re-enter the world safely after the session. Because clients may be unaware of their needs during dissociative states, counsellors should be trained in techniques that introduce movement or connection to support clients emerge from a freeze response.

The goal of this phase is to help clients move from procedural or bodily memories of trauma to a narrative or biographical memory (Emanuel, 2021). The body remembers the trauma it has endured, so processing the experience can help it recognize that the dangers it is threatened by are in the past and that the individual is now safe. It is also imperative to process these emotions in titrated, contained ways, so as not to overwhelm the individual's system. Clinicians

should also familiarize themselves with the client's signs of overwhelm and their preferred coping mechanisms to prevent escalations. This stage may also include gently addressing and challenging cognitive distortions that have resulted from trauma, such as self-blame, shame, and guilt.

Recommended Modalities. Depending on the counsellor's competency and training, they may utilize EMDR therapy to target specific memories and negative core beliefs (Litam & Neal, 2022). In this case, bilateral stimulation is utilized for desensitization and grounding the client's nervous system. Alternatively, NET may also be used to process trauma, as training in this area may be more accessible to clinicians. Counsellors should help the client to build a visual life narrative that includes both positive and negative experiences, allowing them to observe where they come from, what helped them persevere, and to imagine what their next chapter might look like (Shamsudeen et al., 2024). For positive events, the client may place a flower on the timeline, while stones would represent negative events. Therapists are more directive in this type of therapy because they are able to guide clients through the exposure line. Clinicians should also pay attention to the client's emotional and physical state during this exercise, and then reflect these observations back to the client. This narrative should be repeated, with the goal of making memories less fragmented, more integrated, and less emotionally charged. The counsellor should also look at the bigger picture, and help the client make meaning out of these positive and negative events.

TF-CBT is shown to be effective in processing trauma and reducing PTSD symptoms in youth (Schmidt et al., 2022). TF-CBT's protocol is typically a 12-session model with phases such as psychoeducation, regulating techniques, trauma narration and processing, as well as future directions; this modality may also include sessions with caregivers. Similar to NET, the

process involves telling the client's story and gradual exposure to trauma. However, it also incorporates the use of coping skills when the individual is triggered by these memories. Finally, creative and expressive arts such as visual art, music, dance, and poetry have been found helpful for youth and adults to process in nonverbal ways (Litam & Neal, 2022). One possible activity is creating a piece of art to represent the individual's internal world, and then creating another piece that represents how they would like to feel (Kometiani, 2019).

Phase 4: Empowerment, Sexual Healing, and Identity Reconstruction

The fourth phase involves narrative discussions of the future, identity reconstruction, reclaiming one's sexuality, and feeling empowered. This is in collaboration with the client and how they imagine empowerment to look and feel. Strengths should be highlighted throughout this process, and possible questions are:

1. What are some things that you are proud of, no matter how small they are?
2. When you think about your story, where do you see your strengths?
3. What inner resources or qualities have helped you survive?
4. What does the word empowerment mean to you?
5. How would you describe yourself outside of what happened to you?
6. What helps you feel connected to your body, your spirit, or your culture?
7. If you could create a future that feels safe and free, what would be in it?
8. What is something you want to reclaim for yourself, such as your body, your voice, or your identity?
9. Is there a part of your story that you want to rewrite or redefine?
10. What would help you to feel a sense of purpose in life (e.g. activism, community engagement, career)?

Sex Therapy. Training for counsellors in sex therapy is important for understanding the biological components of sexuality and for learning practical interventions that can be used with clients. One recommendation for counsellors working with survivors is to utilize what Iasenza (2020) calls Narrative Relational Sex Therapy (NRST), which focuses on internalized narratives surrounding sex, or what is known as a person's *sexual scripts*. Discovering how an individual has learned to view sex, what their sexual experiences have been like throughout their lives, and how their traumas have affected their sexuality will help the client to understand the patterns that have impacted their sexuality as adults. This modality may also open discussions about what the client wants the next chapters of their sexuality to be like. It is critical for the client to understand how their traumas have impacted their sexuality, what their triggers are, and how to identify if they are experiencing flashbacks. Having a patient partner who fosters a safe and supportive environment is also essential in ensuring that the client feels comfortable and relaxed during sexual experiences.

Counsellors may further support clients in deconstructing harmful sexual narratives by collaboratively developing a sexual menu that reflects their individual preferences, needs, desires, and envisioned experiences, whether alone or with a partner (Iasenza, 2020). This menu should also exclude any items that are triggering or uncomfortable. Counsellors should normalize any trauma responses related to sexuality to reduce shame and encourage the client's development of self-compassion. Recognizing that sex is not a linear experience and may not always culminate in a plateau or orgasm is essential, as the inability to reach these stages can be distressing for some individuals. Some individuals experience responsive desire, meaning that they may require warm-up and stimulation before a sexual experience, while others experience spontaneous desire, where they feel desire at random moments. Additionally, some individuals

only feel desire *after* the sexual experience has begun, so the focus then is on the willingness to be intimate, rather than the desire itself. Inspired by Masters and Johnson's concept *sensate focus*, NRST encourages clients to begin with exploring nonsexual intimacy and mindful touch that is not demanding and takes place on non-erogenous zones. Clients should be told to note what thoughts they observe during this experience and focus on remaining present throughout. Discussing these persistent thoughts and deconstructing these narratives may be helpful for clients to feel more grounded in their bodies. It is important to engage with survivors in discussions about their shame narratives and work to deconstruct internalized oppression. Counsellors should ensure to let the client lead in these activities, as well as discuss what consent is and how to set boundaries.

Phase 5: Relational Repair and Community Reintegration

The final stage of treatment focuses on supporting survivors in rebuilding trust and intimacy in their relationships. One recommendation for this is a relational cultural therapy (RCT) approach to help survivors heal their relational traumas and create safe, supportive social connections within their community. When utilizing this modality, counsellors work with authenticity, empathy, and mutual empowerment as the foundations to engaging with clients (Hershberger, 2020). The goal should be to help the client with any feelings of disconnection from others and, at a macro level, social injustices within their cultures. RCT has components to its approach called "the five good things" which are: zest or energy, clarity, creativity or productivity, sense of worth, and a desire for more connection (p. 460). Although this modality has been placed as the final stage of treatment, it is essential in healing from this type of relational wounding.

Conclusion

In conclusion, this capstone found that the literature corroborates the need for integrative, holistic approaches to supporting survivors of sex trafficking. However, a gap in the literature was identified regarding body-based interventions, which are more commonly associated with healing from sexual abuse in general. Surprisingly, many of the approaches to healing were creative in nature, including storytelling, art therapies, music, movement, and dance. In addition to this, there was an emphasis in the literature that determined sex trafficking to be a relational trauma and focused on the importance of healing through relationships. The treatment process for survivors is multifaceted, long-term, and intricate, due to the complexity of the trauma. The treatment plan in chapter three is intended as a template for clinicians and reflects the variability that treatment can and should have.

References

- Bernstein, B. (2019). Empowerment-focused dance/movement therapy for trauma recovery. *American Journal of Dance Therapy, 41*(2), 193–213. <https://doi.org/10.1007/s10465-019-09310-w>
- British Columbia Ministry of Justice & BC Housing. (2015, January). *Creating a safety plan*. Government of British Columbia. <https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/victims-of-crime/vs-info-for-professionals/training/creating-safety-plan.pdf>
- Bryant-Davis, T., & Gobin, R. L. (2019). Still we rise: Psychotherapy for African American girls and women exiting sex trafficking. *Women & Therapy, 42*(3-4), 385-405. <https://doi.org/10.1080/02703149.2019.1622902>
- Casassa, K., Ploss, A., & Karandikar, S. (2023). “He loves me hard and then he abuses me hard”: How service providers define and explain trauma bonds among sex trafficking survivors. *Violence Against Women, 30*(5), 1354–1377. <https://doi.org/10.1177/10778012231158104>
- Casassa, K., England, G., & Karandikar, S. (2024). “I had to allow myself to heal”: How survivors of sex trafficking have experienced healing from trauma bonding. *Violence Against Women*. <https://doi.org/10.1177/10778012241248458>
- Chen, Y., Huang, K., Scoglio, A. A. J., Borgogna, N. C., Potenza, M. N., Blycker, G. R., & Kraus, S. W. (2023). A network comparison of sexual dysfunction, psychological factors, and body dissociation between individuals with and without sexual trauma histories. *Journal of Trauma & Dissociation, 25*(1), 62-82. <https://doi.org/10.1080/15299732.2023.2231915>

- Chettiar, C., & Mascarenhas, C. (2024). A dance movement therapy intervention with adolescent victims of trauma in Mumbai. *Body, Movement and Dance in Psychotherapy*, 20(1), 40–55. <https://doi.org/10.1080/17432979.2024.2411958>
- Chiara, G., Romaioli, D., & Contarello, A. (2023). Self-positions and narratives facilitating or hindering posttraumatic growth: A qualitative analysis with migrant women of Nigerian descent survivors of trafficking. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(6), 1041-1050. <https://doi.org/10.1037/tra0001245>
- Cole, J. (2018). Service providers' perspectives on sex trafficking of male minors: Comparing background and trafficking situations of male and female victims: *Child and Adolescent Social Work Journal*, 35(4), 423-433. <https://doi.org/10.1007/s10560-018-0530-z>
- Corrigan, F., Fisher, J., & Nutt, D. (2010). Autonomic dysregulation and the Window of Tolerance model of the effects of complex emotional trauma. *Journal of Psychopharmacology*, 25(1), 17-25. <https://doi.org/10.1177/0269881109354930>
- Crenshaw, K. W. (2006). Intersectionality, identity politics and violence against women of color. *Kvinder, Køn & Forskning*, (2–3). <https://doi.org/10.7146/kkf.v0i2-3.28090>
- Curtis, R., Terry, K., Dank, M., Dombrowski, K., Khan, B., Muslim, A., Labriola, A., & Rempel, M. (2008, September). *The commercial sexual exploitation of children in New York City: Executive summary*. Center for Court Innovation. https://www.innovatingjustice.org/sites/default/files/CSEC_NYC_Executive_Summary.pdf
- Dana, D., & Porges, S. W. (2018). *The polyvagal theory in therapy: Engaging the rhythm of regulation*. W.W. Norton & Company.

- Emanuel, R. (2021). Changing minds and evolving views: A bio-psycho-social model of the impact of trauma and its implications for clinical work. *Journal of Child Psychotherapy*, 47(3), 376–401. <https://doi.org/10.1080/0075417x.2021.2013927>
- Evans, H. (2020). The integral role of relationships in experiences of complex trauma in sex trafficking survivors. *International Journal of Human Rights in Healthcare*, 13(2), 109-123. <https://doi.org/10.1108/IJHRH-07-2019-0054>
- Evans, H. (2021). *Understanding complex trauma and post-traumatic growth in survivors of sex trafficking: Foregrounding women's voices for effective care and prevention* (1st ed.). Routledge.
- Finkelhor, D., & Ormrod, R. (2004, December). *Child pornography: Patterns from NIBRS*. Office of Juvenile Justice and Delinquency Prevention.
- Fisher, J. (2019). Sensorimotor psychotherapy in the treatment of trauma. *Practice Innovations*, 4(3), 156-165. <https://doi.org/10.1037/pri0000096>
- Gendlin, E. T. (1978). *Focusing*. Bantam Books.
- Gerassi, L. B., & Pederson, A. C. (2022). Social service providers' knowledge of and practice with LGBTQ+ people at risk of sex trafficking. *Social Work Research*, 46(2), 101–114. <https://doi.org/10.1093/swr/svac001>
- Government of British Columbia. (2021, June 8). *Third party reporting for victims of sexual offences*. <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/reporting-a-crime/victim-or-witness-to-crime/third-party-reporting-for-victims-of-sexual-offences>
- Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

- Hershberger, J. M. (2020). A relational-cultural theory approach to work with survivors of sex trafficking. *Journal of Creativity in Mental Health, 16*(4), 456-466. <https://doi.org/10.1080/15401383.2020.1790457>
- Hopper, E. K., Azar, N., Bhattacharyya, S., Malebranche, D. A., & Brennan, K. E. (2018). STARS experiential group intervention: A complex trauma treatment approach for survivors of human trafficking. *Journal of Evidence-Informed Social Work., 15*(2), 215-241. <https://doi.org/10.1080/23761407.2018.1455616>
- Iasenza, S. (2020). *Transforming sexual narratives: A relational approach to sex therapy*. Routledge.
- Kirkner, A., & Ullman, S. E. (2019). Sexual assault survivors' post-traumatic growth: Individual and community-level differences. *Violence against Women., 26*(15-16), 1987-2003. <https://doi.org/10.1177/1077801219888019>
- Kometiani, M. K. (2019). *Art therapy treatment with sex trafficking survivors: Facilitating empowerment, recovery, and hope* (1st ed.). Routledge. <https://doi.org/10.4324/9780429469671>
- Krushas, A. E., & Kulig, T. C. (2023). Exploring the physical, mental, and social health issues of sex trafficking victims by stage of exploitation. *Victims & Offenders, 18*(3), 447-472. <https://doi.org/10.1080/15564886.2022.2128128>
- Levine, P. A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness* (1st ed.). North Atlantic Books.
- Levine, P. A., Blakeslee, A., & Sylvae, J. (2018). Reintegrating fragmentation of the primitive self: Discussion of "Somatic Experiencing". *Psychoanalytic Dialogues, 28*(5), 620-628. <https://doi.org/10.1080/10481885.2018.1506216>

- Linehan, M. M. (2014). *DBT skills training manual* (2nd ed.). Guilford Press.
- Litam, S. D. A., & Neal, S. (2022). Trauma-informed interventions for counselling sex trafficking survivors. *International Journal for the Advancement of Counselling*, 44(2), 243-262. <https://doi.org/10.1007/s10447-022-09465-1>
- Malanca, D. C. (2023). Reconstruction of the sexuality of trafficked and sexually abused survivors: Sexual trauma and sex therapy. *International Journal of Advanced Studies in Sexology*, 5(2), 5-13. <https://doi.org/10.46388/ijass.2023.2.1>
- Malkemus, S. A., & Smith, J. F. (2021). Sexual disembodiment: Sexual energy, trauma, and the body. *Journal of Humanistic Psychology*. <https://doi.org/10.1177/0022167821996144>
- Masters, W. H., & Johnson, V. E. (1970). *Human sexual inadequacy*. Little, Brown and Company.
- McBride, H. L. (2021). *The wisdom of your body: Finding healing, wholeness, and connection through embodied living*. Collins.
- Miles, E. (2020). Biopsychosocial model. In M. D. Gellman (Ed.), *Encyclopedia of behavioral medicine* (2nd ed., pp. 259-260). Springer International Publishing.
- Muldoon, O. T., Nightingale, A., Lowe, R., Griffin, S. M., McMahon, G., Bradshaw, D., & Borinca, I. (2023). Sexual violence and traumatic identity change: Evidence of collective post-traumatic growth. *European Journal of Social Psychology*, 53(7), 1372–1382. <https://doi.org/10.1002/ejsp.2979>
- Nagoski, E. (2015). *Come as you are: The surprising new science that will transform your sex life*. Simon & Schuster.
- O'Brien, J. E., Jones, L. M., & Mitchell, K. J. (2023). “Flexibility and consistency”: Qualitative insights on valuable skills for providers working with survivors of child sex trafficking.

- Journal of Evidence-Based Social Work.*, 20(3), 444–459.
<https://doi.org/10.1080/26408066.2023.2169597>
- Porges, S. W. (2022). Polyvagal theory: A science of safety. *Frontiers in Integrative Neuroscience*, 16. <https://doi.org/10.3389/fnint.2022.871227>
- Rajaram, S. S., & Tidball, S. (2018). Survivors' voices—complex needs of sex trafficking survivors in the Midwest. *Behavioral Medicine.*, 44(3), 189–198.
<https://doi.org/10.1080/08964289.2017.1399101>
- Ramaj, K. (2021). The aftermath of human trafficking: Exploring the Albanian victims' return, rehabilitation, and reintegration challenges. *Journal of Human Trafficking*, 9(3), 408-429. <https://doi.org/10.1080/23322705.2021.1920823>
- Reichert, J., & Sylwestrzak, A. (2013, October). *National survey of residential programs for victims of sex trafficking*. The Illinois Criminal Justice Information Authority.
- Schmidt, C., Lenz, A. S., & Oliver, M. (2022). Effectiveness of TF-CBT with sex trafficking victims in a secure post-adjudication facility. *Journal of Counseling and Development.*, 100(4), 399–411. <https://doi.org/10.1002/jcad.12438>
- Shamsudeen, S., Gupta, P., Sayeed, N., & Munda, S. K. (2024). Narrative exposure therapy for the treatment of trauma-related symptoms among adolescent survivors of sex trafficking: A pilot study. *Indian Journal of Psychiatry*, 66(10), 918-928. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_248_24
- Sidun, N., & Dryjanska, L. (2024). Familial trafficking: History, consequences, and clinical recommendations. *The Family Journal*, 33(1), 61–72.
<https://doi.org/10.1177/10664807241274993>

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry.*, *15*(1), 1–18.

https://doi.org/10.1207/s15327965pli1501_01

The Centre. (2020, July 2). *Sex trafficking of males*. Canadian Centre to End Human Trafficking.

<https://www.canadiancentretoendhumantrafficking.ca/sex-trafficking-of-males/>

United Nations Office on Drugs and Crime. (2024). *Global report on trafficking in persons 2024*

United Nations Research Institute for Social Development.

[https://www.unodc.org/documents/data-and-](https://www.unodc.org/documents/data-and-analysis/glotip/2024/GLOTIP2024_BOOK.pdf)

[analysis/glotip/2024/GLOTIP2024_BOOK.pdf](https://www.unodc.org/documents/data-and-analysis/glotip/2024/GLOTIP2024_BOOK.pdf)